



WASHINGTON STATE
DEPARTMENT OF ECOLOGY

Attn: DW Notifications
M/S PV-11
Olympia, WA 98504-8711
(206) 459-6387

JAN 14 1991

JAN 31 1991

ADMINISTRATIVE USE ONLY

INIT.

DATE

REVIEW jm 2.4.91 CRO
LOG jm 2.4.91
G/WAC _____

FORM 2

NOTIFICATION OF DANGEROUS WASTE ACTIVITIES

1. ☐ A. FIRST NOTIFICATION

(No previous application has been made for this site)

☒ C. WITHDRAW SITE I.D. NO. DATE 12.31.90

(Complete Sections 1F, 2A, 3, 4-7 & 12. Enter existing I.D. No. in Part 1F.)

☐ E. CANCEL SITE I.D. NO. DATE _____

(Site closed—no longer own or conduct business at this site.)

(Complete Sections 1F, 2A, 3, 4-7 & 12. Enter existing I.D. No. in 1F.)

☒ B. REVISED NOTIFICATION DATE _____

(Enter existing site I.D. No. in Part 1F. List sections you revised: _____)

☐ D. REACTIVATE SITE I.D. NO. (Complete all sections of the form.
Enter previously assigned I.D. No. in Part 1F.)

☐ F. EXISTING I.D. NO.

(Complete for items
1B, C, D & E only)

WA 6306
D003543606

2.A. WASHINGTON STATE DEPARTMENT OF REVENUE REGISTRATION (TAX) NUMBER												2.B. SIC CODE(S)																																			
PRIMARY												SECONDARY												OTHER																							
<u>394-002-251</u>												<u>4212</u>												<u>4213</u>																							
2.C. TYPE OF BUSINESS CONDUCTED AT THIS SITE																																															
3. NAME OF INSTALLATION																																															
<u>NEIRO PISTORESIL & SON, INC</u>																																															
4. LOCATION OF INSTALLATION																																															
Street																																															
<u>127 GUNNYON ST</u>																																															
County Name																																															
<u>YAKIMA</u>																																															
City or Town												State				ZIP Code																															
<u>TOPPENISH</u>												<u>WA</u>				<u>98948-</u>																															
5. INSTALLATION MAILING ADDRESS																																															
Street or P.O. Box																																															
<u>127 GUNNYON ST</u>																																															
City or Town												State				ZIP Code																															
<u>TOPPENISH</u>												<u>WA</u>				<u>98948-</u>																															
6.A. INSTALLATION CONTACT																																															
Name (last)												(first)																																			
<u>PISTORESI</u>												<u>MARY</u>																																			
Job Title												Phone Number																																			
<u>BOOKKEEPER</u>												<u>(b) (6)</u>																																			
6.B. INSTALLATION CONTACT MAILING ADDRESS (see instructions) BOX 1 <input type="checkbox"/> BOX 2 <input type="checkbox"/>																																															
Street or P.O. Box																																															
<u>P.O. Box 432</u>																																															
City or Town												State				ZIP Code																															
<u>TOPPENISH</u>												<u>WA</u>				<u>98948-</u>																															
7.A. NAME OF INSTALLATION'S LEGAL OWNER																																															
<u>NEIRO PISTORESIL & SON INC</u>																																															
Street, P.O. Box, or Route Number																																															
<u>P.O. Box 432</u>																																															
City or Town												State				ZIP Code																															
<u>TOPPENISH</u>												<u>WA</u>				<u>98948-</u>																															
7.B. PROPERTY OWNERSHIP (If ownership is different than 7.A. provide address in section 11.)																																															
7.C. OWNER TYPE												7.D. PROPERTY TYPE																																			
<input type="checkbox"/>												<input type="checkbox"/>																																			

NAME OF INSTALLATION _____
(Same as Item No. 3)

EPA I.D. NO. WAD003546300

8. TYPES OF REGULATED DANGEROUS WASTE ACTIVITIES YOUR BUSINESS IS CONDUCTING (Read & follow instructions for this section carefully—Enter an "X" in any sections of 8.A., 8.B., or 8.C. below that may apply).

8.A. HAZARDOUS WASTE ACTIVITIES (See instructions for definitions of these activities).

- ☒ 1. GENERATOR ☐ 1a. Conduct on-site recycling
- ☐ 2. TRANSPORTER 2a. ☐ Transport Wastes Commercially (for hire).
2b. Modes of Transport: (1) ☐ Highway (2) ☐ Air (3) ☐ Rail (4) ☐ Water (5) ☐ Other
(Specify in comments)
- ☐ 3. MANAGEMENT FACILITY (TSD) 3a. ☐ Facility accepts wastes from OFF-SITE Generators.
3b. Process conducted or available at this facility;
(1) ☐ Treatment (2) ☐ Storage (>90 days) (3) ☐ Disposal
(4) ☐ Other (specify in comments).
3c. Current Part A ____/____/____
Part B Process ☐ Yes ☐ No
- ☐ 4. IMMEDIATE RECYCLER
- ☐ 5. PERMIT-BY-RULE FACILITY
- ☐ 6. MARKET OR BURN DANGEROUS WASTE FUELS— 6a. ☐ Generator Marketing to Burner 6b. ☐ Other Marketer
None 6c. ☐ Burner. (COMPLETE 8c.—TYPE OF COMBUSTION DEVICE)

8.B. USED-OIL FUEL ACTIVITIES.

- ☐ 1. OFF-SPECIFICATION USED-OIL FUELS—1a. ☐ Generator Marketing to Burner 1b. ☐ Other Marketer 1c. ☐ Burner (Complete 8c.)
- ☐ 2. SPECIFICATION USED-OIL FUEL MARKETER (or ON-SITE BURNER) WHO FIRST CLAIMS THE OIL MEETS THE SPECIFICATION.

8.C. DANGEROUS WASTE OR OFF-SPECIFICATION USED-OIL FUEL BURNING: TYPE OF COMBUSTION DEVICE.

(see instructions for definitions of combustion devices) 1. ☐ Utility Boiler 2. ☐ Industrial Boiler 3. ☐ Industrial Furnace.

9. WASTE IDENTIFICATION (Copy this page if you have more than 5 waste streams—other information (sections 8 and 10-12) not needed on continuation sheets)

A. NUMBER	B. DESCRIPTION OF WASTE(S)	C. DANGEROUS WASTE NUMBER (Refer to WAC 173-303)	D. ESTIMATED OR ACTUAL ANNUAL WASTE QUANTITY	E. W E I G H T

10. ESTIMATED MAXIMUM QUANTITY of all wastes, listed above, to be produced in any given month or per processing batch. In 10.D. indicate maximum to be accumulated on-site prior to shipment.

- 10.A. ☐ (Batch Frequency _____) QUANTITY WEIGHT CODE 10.B. ☐ PER MONTH QUANTITY WEIGHT CODE
- 10.C. ☐ ONE-TIME-ONLY QUANTITY WEIGHT CODE 10.D. AMOUNT TO BE ACCUMULATED ON-SITE PRIOR TO SHIPMENT QUANTITY WEIGHT CODE

11. COMMENTS

This is not an address @ move. The
City of Toppenish re address Toppenish Rural
Cross

12. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME AND OFFICIAL TITLE (type or print)

DATE SIGNED

Mary Pistorosi

MARY PISTOROSI Sec

1-11-91

State of Washington Department of Ecology FORM 2	C * NOTIFICATION OF DANGEROUS WASTE ACTIVITIES	DST 7/18	FACILITY I.D. NUMBER	
			WA 0003546306	
			<input type="checkbox"/> RCRA/STATE <input checked="" type="checkbox"/> STATE ONLY SQ 84 DHHAR18ENTPSB only	
A. NAME OF FACILITY			DEPT. OF ECOLOGY OLYMPIA, WA	
B. FACILITY MAILING ADDRESS				
STREET OR P.O. BOX				
CITY OR TOWN			STATE	ZIP CODE
PO BOX 432			WA	98948
C. LOCATION OF FACILITY				
STREET OR ROUTE NUMBER				
FORT & WARD ROADS				
CITY OR TOWN			County	STATE ZIP CODE
TOPPENISH			YAKIMA	WA 98948
D. FACILITY CONTACT				
NAME (last, first)				
UPTON DON				
TITLE			TELEPHONE	
SHOP FOREMAN			(b) (6)	
E. OWNERSHIP				
LEGAL OWNER OF FACILITY			TYPE OF OWNERSHIP	
JAMES PISTORESI			F = Federal <input checked="" type="checkbox"/> N = Nonfederal	
F. TYPE OF DANGEROUS WASTE ACTIVITY				
(Enter "X" in the appropriate boxes)				
<input checked="" type="checkbox"/> GENERATION			<input type="checkbox"/> TRANSPORTATION (Complete F-1)	
<input type="checkbox"/> TRANSFER FACILITY			<input type="checkbox"/> TREAT/STORE/DISPOSE	
<input type="checkbox"/> UNDERGROUND INJECTION				
F-1. MODE OF TRANSPORTATION			(complete only if you are transporting waste)	
<input type="checkbox"/> AIR			<input type="checkbox"/> RAIL	
<input type="checkbox"/> HIGHWAY			<input type="checkbox"/> WATER	
<input type="checkbox"/> OTHER (specify)				
G. CERTIFICATION				
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.				
SIGNATURE		NAME & OFFICIAL TITLE (type or print)		DATE SIGNED
Linda Miles		Linda Miles Bookkeeper		7-3-84

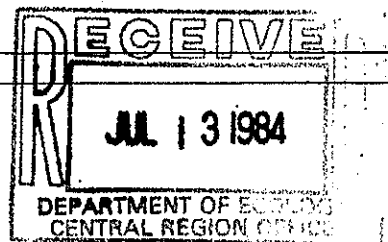
1. WASTE IDENTIFICATION		H-2. DANGEROUS WASTE NUMBER	H-3. AMOUNT OF WASTE (ANNUAL)	UNIT OF MEASURE
N U M B E R	H-1. DESCRIPTION OF WASTE			
1	Spent Solvent	UN 1255	2.8 tons	
2	Petroleum Naphtha			
3				
4	Spent Solvent			
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

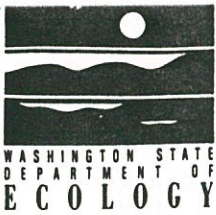
COMMENTS (ENTER INFORMATION BY LINE NUMBER—SEE INSTRUCTIONS)

Spent solvent is picked up by Safety Kleen Inc. -
Same company we buy the product from.

I. FORMS REQUEST (CHECK THE BOX OF THOSE FORM(S) REQUIRED AND INDICATE HOW MANY).

☐ NOTIFICATION FORM
☐ PART A PERMIT FORM FOR TSD FACILITIES
☐ GENERATOR ANNUAL DANGEROUS WASTE REPORT FORM
☐ TSD FACILITY ANNUAL DANGEROUS WASTE REPORT/UNMANIFESTED WASTE REPORT
☐ BIOLOGICAL TESTING PROCEDURES
☐ CHEMICAL TESTING PROCEDURES





WASHINGTON STATE
DEPARTMENT OF ECOLOGY

Attn: DW Notifications
M/S PV-11
Olympia, WA 98504-8711
(206) 459-6387

JAN 14 1991

JAN 31 1991

DEPARTMENTAL USE ONLY

INIT. DATE
REVIEW jm 2.4.91 CRO
LOG jm 2.4.91
G/WAC _____

FORM 2

0303-7

FEB 13 1991

NOTIFICATION OF DANGEROUS WASTE ACTIVITIES

1. ☐ A. FIRST NOTIFICATION

(No previous application has been made for this site)

☒ C. WITHDRAW SITE I.D. NO. DATE 12.31.90

(Complete Sections 1F, 2A, 3, 4-7 & 12. Enter existing I.D. No. in Part 1F.)

☐ E. CANCEL SITE I.D. NO. DATE _____

(Site closed—no longer own or conduct business at this site.
Complete Sections 1F, 2A, 3, 4-7 & 12. Enter existing I.D. No. in 1F.)

☒ B. REVISED NOTIFICATION DATE _____

(Enter existing site I.D. No. in Part 1F. List sections you revised: _____)

☐ D. REACTIVATE SITE I.D. NO.

(Complete all sections of the form.
Enter previously assigned I.D. No. in Part 1F.)

☐ F. EXISTING I.D. NO.

(Complete for items
1B, C, D & E only)

W A 0003543606 6306

2.A. WASHINGTON STATE DEPARTMENT OF
REVENUE REGISTRATION (TAX) NUMBER

394-002-251

2.B. SIC CODE(S)

PRIMARY

SECONDARY

OTHER

4212

4213

2.C. TYPE OF BUSINESS CONDUCTED AT THIS SITE _____

3. NAME OF INSTALLATION

NEILLO PISTORESIS & SON, INC

4. LOCATION OF INSTALLATION

Street

127 GUNNYON ST

County Name

YAKIMA

City or Town

TOPPENISH

State

ZIP Code

WA 98948-

5. INSTALLATION MAILING ADDRESS

Street or P.O. Box

127 GUNNYON ST

City or Town

TOPPENISH

State

ZIP Code

WA 98948-

6.A. INSTALLATION CONTACT

Name (last)

PISTORESI

(first)

MARY

Job Title

BOOKKEEPER

Phone Number

(b) (6)

6.B. INSTALLATION CONTACT MAILING ADDRESS (see instructions)

BOX 1 ☐

BOX 2 ☐

Street or P.O. Box

PO BOX 432

City or Town

TOPPENISH

State

ZIP Code

WA 98948-

7.A. NAME OF INSTALLATION'S LEGAL OWNER

NEILLO PISTORESIS & SON INC

Street, P.O. Box, or Route Number

PO BOX 432

City or Town

TOPPENISH

State

ZIP Code

WA 98948-

7.B. PROPERTY OWNERSHIP (If ownership is different than 7.A. provide address in section 11.)

7.C. OWNER TYPE

7.D. PROPERTY TYPE

☐☐

NAME OF INSTALLATION _____
(Same as Item No. 3)

EPA I.D. NO. WAD00354630C

8. TYPES OF REGULATED DANGEROUS WASTE ACTIVITIES YOUR BUSINESS IS CONDUCTING (Read & follow instructions for this section carefully—Enter an "X" in any sections of 8.A., 8.B., or 8.C. below that may apply).

8.A. HAZARDOUS WASTE ACTIVITIES (See instructions for definitions of these activities).

- ☒ 1. GENERATOR ☐ 1a. Conduct on-site recycling
- ☐ 2. TRANSPORTER 2a. ☐ Transport Wastes Commercially (for hire).
2b. Modes of Transport: (1) ☐ Highway (2) ☐ Air (3) ☐ Rail (4) ☐ Water (5) ☐ Other
(Specify in comments)
- ☐ 3. MANAGEMENT FACILITY (TSD) 3a. ☐ Facility accepts wastes from OFF-SITE Generators.
3b. Process conducted or available at this facility;
(1) ☐ Treatment (2) ☐ Storage (>90 days) (3) ☐ Disposal
(4) ☐ Other (specify in comments).
3c. Current Part A ____/____/____
Part B Process ☐ Yes ☐ No
- ☐ 4. IMMEDIATE RECYCLER
- ☐ 5. PERMIT-BY-RULE FACILITY
- ☐ 6. MARKET OR BURN DANGEROUS WASTE FUELS— 6a. ☐ Generator Marketing to Burner 6b. ☐ Other Marketer
None 6c. ☐ Burner. (COMPLETE 8c.—TYPE OF COMBUSTION DEVICE)

8.B. USED-OIL FUEL ACTIVITIES.

- ☐ 1. OFF-SPECIFICATION USED-OIL FUELS-1a. ☐ Generator Marketing to Burner 1b. ☐ Other Marketer 1c. ☐ Burner (Complete 8c.)
- ☐ 2. SPECIFICATION USED-OIL FUEL MARKETER (or ON-SITE BURNER) WHO FIRST CLAIMS THE OIL MEETS THE SPECIFICATION.

8.C. DANGEROUS WASTE OR OFF-SPECIFICATION USED-OIL FUEL BURNING: TYPE OF COMBUSTION DEVICE.

(see instructions for definitions of combustion devices) 1. ☐ Utility Boiler 2. ☐ Industrial Boiler 3. ☐ Industrial Furnace.

9. WASTE IDENTIFICATION (Copy this page if you have more than 5 waste streams—other information (sections 8 and 10-12) not needed on continuation sheets)

A. NUMBER	B. DESCRIPTION OF WASTE(S)	C. DANGEROUS WASTE NUMBER (Refer to WAC 173-303)	D. ESTIMATED OR ACTUAL ANNUAL WASTE QUANTITY	E. W E I G H T C O D E

10. ESTIMATED MAXIMUM QUANTITY of all wastes, listed above, to be produced in any given month or per processing batch. In 10.D. indicate maximum to be accumulated on-site prior to shipment.

- 10.A. ☐ (Batch Frequency _____) QUANTITY WEIGHT CODE
- 10.B. ☐ PER MONTH QUANTITY WEIGHT CODE
- 10.C. ☐ ONE-TIME-ONLY QUANTITY WEIGHT CODE
- 10.D. AMOUNT TO BE ACCUMULATED ON-SITE PRIOR TO SHIPMENT QUANTITY WEIGHT CODE

11. COMMENTS

This is Not an address @ move. The
City of Joppish re address Joppish Rural
Area @

12. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME AND OFFICIAL TITLE (type or print)

DATE SIGNED

Mary Pistorosi

MARY PISTOROSI Sec

1-11-91